

### Certification For Title 38 Physicians and Dentists

1a. Name of employee		1b. Social security number	
2. Final salary for FEGLI, adjusted for any refund liability or termination of special pay: \$	3. Has retiree met the 15-year service requirement as a physician or dentist? <input type="checkbox"/> N/A (Disability Retirement or Death-in-Service; go to #4) <input type="checkbox"/> Yes (Go to #4) <input type="checkbox"/> No (Go to #6)		
4. Date of separation and nature of action:	5. Enter the amount of 4118 special pay on July 13, 1991, if retirement deductions were withheld from the 4118 special pay. Otherwise, enter zero. <input checked="" type="checkbox"/> \$ N/A		

6. Basic pay for Average Salary (See *Instructions*):[illegible]

7. Agency Certification: I certify that the information on this form accurately reflects information contained in the Official Personnel and/or Payroll records in the custody of this agency. The 7431 special pay certified in Column B does not include amounts for which there is an unwaived refund liability.

Print or type name	Agency name and address:
Signature and Date	
Official title and telephone number (including area code)	